

Attachment A: Notice of Intent to Submit a Health Care Reform Proposal

If you intend to submit a proposal to the Blue Ribbon Commission for Health Care Reform, please complete and mail or email the “Notice of Intent to Submit a Proposal” form below by March 13, 2007, to:

Sarah Schulte
Technical Advisor
1919 8th St, Suite 204
Boulder, Colorado 80302
sarahschulte@mindspring.com

Notice of Intent to Submit a Health Care Reform Proposal

Key Author ¹ or initial contact person, if Key Author is unknown: **Bruce Cooper, MD, MSPH**

Proposer or Team (one notice per team): **Committee for Colorado Health Care Solutions**

Address: **120 Bristlecone Drive, Fort Collins, CO 80524**

Contact Name: **Carol Plock**

Telephone (business number and cell number): **Business: (970) 224-5209**
Ms. Plock’s Cellphone: (970) 218-6757
Dr. Cooper’s Cellphone: (970) 690-1064

Fax: **(970) 221-7165**

Email Address: **Ms. Plock’s Email: cplock@healthdistrict.org**
Dr. Cooper’s Email: bcooper@healthdistrict.org

If known at this time, please provide a three-sentence description of the proposal that addresses what is being proposed, who and or what in the health system would be affected, and what the basic approach to reform would be. **Not yet known.**

The information provided on this form will be posted on the Commission’s web site.

¹ See “Key Author” in Definitions.